

Turning Point

Turning Point - Clarence House

Inspection report

Clarence House
Clarence Street
Leamington Spa
Warwickshire
CV31 2AD

Tel: 01926423029

Website: www.turning-point.co.uk

Date of inspection visit:
13 October 2017

Date of publication:
02 November 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Turning point – Clarence House provides 24 hour care and support for one person with a learning disability in their own home.

We visited the offices of Clarence House on 13 October 2017. We gave the provider 24 hours' notice of our visit due to the very small size of the service. The person who received care had communication difficulties and was not able to tell us about their experiences of care. We were invited to visit the person in their own home during the afternoon of our visit.

We last inspected this service in October 2015 when we rated it as Good. At this inspection we found the same levels of safe, effective and responsive care and the service continues to be rated as Good.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since September 2017. They had previously managed another home within the provider group so had a good understanding of their legal responsibilities. Staff spoke highly of the new registered manager and felt the changes in management had been implemented smoothly.

A dedicated staff team provided the person who used the service with consistent 24 hour care. All staff had worked with the person for a long time and knew them very well. They valued the person as an individual and were committed to supporting them to live their life as they wished to. Staff took time to listen to the person and supported them to express themselves.

The person who used the service received person centred care with the focus being on them as an individual. They were encouraged and supported to do things that were important to them at home and in the local community. Records and documents were partly pictorial and accessible to the person so they could be involved in making decisions about their care.

Staff were strong advocates for the person and understood their responsibility to report any concerns they had about the person's health or wellbeing. Staff worked in accordance with the person's risk assessments to keep them safe at home and within the community.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the person's rights were protected in accordance with the Act. Staff offered the person choice and respected their decisions.

With the assistance of staff, the person was able to eat the food they enjoyed and maintain a healthy diet.

Staff monitored the person's health and supported them to access other healthcare professionals when a need was identified. Trained and competent staff gave the person their medicines as prescribed.

Quality assurance systems helped ensure the quality of service was maintained. There was a system of internal audits and checks completed to identify any areas where improvements were required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 October 2017 and was announced. We gave the provider 24 hours' notice as this is a very small service and we needed to be sure the registered manager and staff would be available to speak with us. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We visited the person receiving care from the service in their home and spent a short time observing how they were cared for and how staff interacted with them so we could get a view of the care they received.

We spoke with the registered manager and two staff members. We reviewed one person's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

There were enough staff working at the service. A dedicated staff team provided the one person who used the service with consistent 24 hour care. The person knew the staff who supported them because no agency staff were used. One staff member explained, "It is all constant for [person], because they always have the same staff. It gives them reassurance."

As staff worked alone at various points during the day, there was a lone workers policy and procedure. Staff confirmed there was always an 'on call' manager who would respond immediately if any issues arose during their shift.

Procedures were in place to protect people from harm. Staff had received training in safeguarding people and knew how to protect a vulnerable person from the risks of abuse. A staff member told us, "I would have to document it and report it. The priority would be [person's] safety and wellbeing." The registered manager understood their responsibilities to keep people safe. No incidents of a safeguarding nature had occurred since our last inspection.

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were of suitable character to deliver personal care. No staff had been recruited at the service for eight years, but the registered manager assured us they would follow the provider's recruitment policy should a need arise.

Risk assessments identified and managed risks to the person's health and wellbeing. Staff worked in accordance with the risk assessments to keep the person safe at home and within the community.

The person's medicines were managed safely. Medicine care plans detailed the medicines the person required, when they needed them and any potential side effects. Only trained and competent staff gave medicines. Medicine administration records showed the person received their medicines as prescribed.

There were systems to record any incidents or accidents, but there had been none since our previous visit.

The provider's emergency plans and service continuity plan ensured safe, consistent care continued to be provided in an emergency. Staff received training in health and safety, first aid and fire safety and the registered manager had identified what support the person would need in an emergency situation.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to provide effective care as we found at the previous inspection. The rating continues to be Good.

Staff told us they received regular training and felt it was of a good standard. A staff member told us, "Training is good. We are only in small groups which is better, and [trainer] explains it pretty well." Records showed training encompassed the Care Certificate and included moving and handling and infection control. Staff also received training specific to the needs of people with a learning disability, such as communication, positive behaviour management and autism. Some training had expired, but there were arrangements in place to bring it up to date.

Staff had regular opportunities to discuss their development and training needs in regular supervision meetings with their manager. Supervision is a meeting between a manager and member of staff to discuss their work performance. Staff told us they found supervision useful and an opportunity to share any issues or concerns. Comments included: "They are helpful. I can track my progress and it keeps you in touch with your manager" and, "If there was something I identified that I wanted to do, I would bring it up in a supervision."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager understood their responsibilities under the Act.

The person who received support was encouraged to make everyday decisions about their care and day to day routines. They were able to choose what they wanted to do and what they wanted to eat and drink. Staff supported the person with the choices they made. For example, a member of staff asked the person what they would like to drink. They showed the person different drinks as a visual prompt to support their decision making. A staff member explained, "[Person] is offered the choice, but the more you offer they will get confused, so it is a choice of two or three things."

Capacity assessments had identified those more complex decisions the person was unable to make. Where the person had been assessed as lacking capacity in respect of a specific decision, meetings were held with the person's advocate and keyworker to ensure any decisions made on their behalf were in their best interests. A DoLS application had been submitted to the supervisory body because it had been identified there were some restrictions on the person's liberty. For example, the person was unable to leave their home without staff support. The outcome of the application was being awaited at the time of our visit.

With the assistance of staff, the person was able to eat the food they enjoyed and maintain a healthy diet. Staff knew the person's preferences and how they needed their food to be prepared. The person's weight was monitored to ensure they ate sufficient amounts to remain healthy.

Staff were knowledgeable about the person's individual medical conditions and were observant for changes in their behaviour that might indicate they were unwell. Staff supported the person to access any healthcare they needed. Visits with healthcare professionals were recorded within the person's records. The records demonstrated that staff followed medical advice and monitored the person's health on a daily basis.

Is the service caring?

Our findings

At this inspection we found the same standards of caring and compassionate support as at our previous inspection. The rating remains Good.

There was a very stable staff team who had an extremely good knowledge and understanding of the person they supported. Staff spoke very warmly and respectfully of the person and had clearly developed caring relationships with them. During our short time with the person, we saw staff were friendly and caring in their interactions with them.

Staff valued the person as an individual, and were committed to supporting them to live their life as they wished. They listened to the person's choices and respected the decisions they made. This ensured the person received care that was very personal to their own needs and preferences. Comments from staff included: "Our one focus is [person] and everything we do is for their benefit" and, "I'm proud of this service. [Person] is at the centre of it and everyone works together to keep them at the centre."

Although the person had very limited communication, staff took time to listen to them and supported them to express themselves. Staff were very observant of the person and gave consistent information about how the person demonstrated they were happy, sad, worried or unwell through their body language, facial expressions and individual words.

Where possible, the person was involved in domestic tasks and encouraged to help around the home. For example, making drinks and helping with laundry. This ensured the person was able to maintain their daily life skills, their independence was respected and they were given ownership of their home.

Staff respected the person's privacy and treated them and their home with dignity and respect. Staff explained who we were and the visit was arranged to ensure it did not cause the person any anxiety or distress.

Staff supported visits with family and friends which helped ensure relationships that were important to the person were maintained.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to physical, social and emotional needs as they were during the previous inspection. The person who used the service received person centred care with the focus being on them as an individual. The rating continues to be Good.

Care plans were comprehensive and detailed the care and support the person required and how they would prefer to receive that care and support. They explained what was important to the person and their individual needs. Care plans were part pictorial to make them easier for the person to understand. One staff member explained, "I think it is accessible to [person] because they can see what you mean." Plans were reviewed regularly to ensure they reflected any changes in the person's care and support needs. The person used their own unique stamp on their care plans to confirm their involvement in reviews.

Staff effectively shared information about any changes in the person's needs or how their support was provided. Staff told us they had a verbal and written handover at the start of their shift which updated them with any changes. This helped them to provide the right care as they were updated on the person's health and how they were feeling. Staff also recorded important information in a communication book. A staff member explained the importance of the communication book. "It is invaluable when you are working alone. You sign when you have read it so you don't miss anything."

The person was encouraged to engage in activities that were meaningful to them and based on their preferences, choices and interests. For example, they enjoyed going for coffee mornings locally which gave them a sense of belonging within the local community. A staff member explained, "[Person] is involved in their community. People know them around the village." Twice a year staff supported the person to go on short break holidays of the person's choice.

The provider had a formal complaints procedure that set out how complaints would be managed. This was available in an easy read format. There had been no complaints raised since our last inspection visit. The registered manager assured us any complaints received would be dealt with in accordance with the provider's complaints procedure.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

There was a new registered manager in post. They had previously managed another service within the provider group and had a good knowledge of the provider's policies and procedures. The registered manager understood their responsibilities and the requirements of their registration and what notifications they were required to send us in accordance with the Health and Social Care Act 2008.

Staff told us the changes in management had been implemented smoothly and felt very confident in the leadership of the new registered manager. Staff also felt supported by each other and said every member of staff worked to ensure the best outcomes for the person who used the service. Comments included: "[Registered manager] is absolutely brilliant. I feel very supported by her and the staff team. We are a really good staff team" and, "It's special here. Every member of staff will be [person's] voice."

Staff told us they had opportunities to meet regularly and share information and discuss how the service could continue to provide person centred care. One staff member explained, "It is good to discuss things and ideas together as a group." The provider listened to the opinions of their staff. For example, staff had been consulted about the level of support the person required outside their home. As a result, two staff now supported the person when they were out for any extended period of time.

There were informal systems in place so the person who used the service could share their views about the support they received. This was through care reviews and monthly meetings with their keyworker.

Quality assurance systems helped ensure the quality of service was maintained. There was a system of internal audits and checks completed to identify any areas where improvements were required. For example, a recent audit had identified that some staff training was out of date. Action had been taken to arrange training dates to ensure staff continued to work in accordance with best practice.

The standard of record keeping was extremely good and well ordered. Staff maintained accurate records of the care and support the person had received.